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ABSTRACT

As a result of lengthy deliberations and review of evidence-based proven practices by the Leadership in Action Program in Maryland, this action agenda details 6 goals, 25 strategies, and 106 action steps determined as most critical to ensuring that all of Maryland's children will enter school ready to learn. The action agenda was submitted to the Maryland Subcabinet for Children, Youth and Families for consideration in their deliberations concerning a 5-year school readiness strategic plan for submission to the Maryland General Assembly. The goals of the action agenda are as follows: (1) all children, birth through age 5, will have access to quality early care and education programs that meet families' needs, including full-day options; (2) parents of young children will succeed in their role as their child's first teacher; (3) children, birth through age 5, and their families will receive necessary income support benefits and health and mental health care to ensure they arrive at school with healthy minds and bodies; (4) all early care and education staff will be appropriately trained in promoting and understanding school readiness; (5) all Maryland citizens will understand the value of quality early care and education as the means to achieve school readiness; and (6) Maryland will have an infrastructure that promotes, sufficiently funds, and holds accountable its school readiness efforts. Strategies in the action agenda range from those that are easily implemented to those requiring a large investment of funds, time, and energy and build upon efforts already underway to improve school readiness. Following introductory remarks, the action agenda provides a rationale for a school readiness focus, describes current school readiness levels based on Work Sampling System data, considers explanations for findings that only 49

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percent of Maryland students enter kindergarten prepared, and delineates efforts to support families with young children and improve early care and education. Implementation of the action agenda is proposed to reach the target of 75 percent of kindergartners assessed as fully ready in the 2006-07 school year. Goals, strategies, and action steps are presented in tabular format, with level of monetary investment, degree of difficulty, and proposed timeframe indicated for each action step. A glossary of relevant terms and a cost of bad outcomes analysis are appended. (Contains 22 footnotes.) (KB)

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Achieving School Readiness

A 5-Year Action Agenda For Maryland

Presented to the Subcabinet for Children, Youth and Families by the Leadership in Action Program

October 30, 2002

PS 031674

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ACKNOWLEDGEMENTS

The Leadership in Action Program (LAP) is a leadership development program that was created as a partnership of the Annie E. Casey Foundation, the Subcabinet for Children, Youth and Families, and the Council for Excellence in Government. The program had two purposes: to accelerate the rate at which children enter school ready to learn in Maryland, and to increase the leadership capacity of those leaders in Maryland accountable for that result.

LAP program participants wish to acknowledge Donna Stark, Director of Leadership Development at the Annie E. Casey Foundation, for her leadership in conceiving and supporting the implementation of this unique program. Special thanks also are due to members of the Subcabinet for Children, Youth and Families for their vision and support of the program and its participants. They are: Superintendent Nancy Grasmick, Secretary Emelda Johnson, Special Secretary Bonnie Kirkland, Secretary Bishop Robinson, Deputy Secretary John Seeman, and Secretary Raymond Skinner.

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LAP Participants

Valerie Ashton
Maryland State Dept. of Education

Bonnie Birkel
Maryland State Dept. of Health & Mental Hygiene

Louise Corwin
Ready At Five Partnership

Monique Felder
Maryland Association of Elementary School Principals

Karen M. Finn
FinnCORE Inc.

Lauren Gordon
Maryland State Dept. of Juvenile Justice

Rolf Grafwallner
Maryland State Dept. of Education

Linda Heisner
Maryland State Dept. of Human Resources

Karen Janssen
The Family League of Baltimore City

Liz Kelley
Maryland State Dept. of Human Resources

Rosemary King Johnston
Maryland State Dept. of Education

Justin Kopca
Governor's Office for Children, Youth & Families

Phil Lee
University of Maryland School of Public Affairs

Bernadette Leeds
Governor's Office for Children, Youth & Families

Sheila Maynor
Maryland State Dept. of Juvenile Justice

Marlene McLaurin
Baltimore Reads

Deborah Metzger
Maryland State Dept. of Education

Jean Mitchell
Friends of the Family

Madeline Morey
Frederick County Office for Children, Youth & Families

Mary O'Malley
Maryland State Dept. of Health & Mental Hygiene

Janis Parks
The Family League of Baltimore City

Deborah Perry
Georgetown University Center for Child & Human Development

Joyce Pollard
Maryland State Dept. of Health & Mental Hygiene

Kathleen Relf
Wicomico County Library

Steve Rohde
Maryland Committee for Children

Pat Rosensteel
Frederick County Head Start

Barbara Scherr
Maryland State Dept. of Education

Jan Schmidt
Advocates for Children and Youth

Debbie Shepard
Montgomery County Dept. of Health & Human Services

Claudia Simmons
Montgomery County Head Start

Debbie Slack Katz
Governor's Office for Children, Youth & Families

Marilyn Spence
Baltimore Housing Authority

Barbara Squires
Baltimore City Health Dept./ Safe and Sound Campaign

Freda Stevens
Maryland State Dept. of Human Resources

Roann Tsakalas
Governor's Office for Children, Youth & Families

Diane Umstead
Queen Anne's County Judy Center

Jane Walker
Maryland Coalition of Families for Children's Mental Health

Walter Wirshing
Maryland State Dept. of Juvenile Justice

Donna Wells
Howard County Mental Health Authority

Barbara White
Governor's Office for Children, Youth & Families

Liz Williams
Georgetown University Center for Child & Human Development

Albert Zachik
Maryland State Dept. of Health & Mental Hygiene

Linda Zang
Governor's Office for Children, Youth & Families

MEMORANDUM

To: The Subcabinet for Children, Youth and Families

From: Members of the Leadership in Action Program

Re: "Achieving School Readiness: A 5-Year Action Agenda"

Date: October 30, 2002

In December 2001, the Subcabinet for Children, Youth and Families, in partnership with the Annie E. Casey Foundation and the Council for Excellence in Government, convened the forty members of the Leadership in Action Program (LAP) for the purpose of the accelerating the State's achievement of its school readiness goals.

Ten months later, as we complete the leadership program, we are pleased to submit to you the attached report entitled "Achieving School Readiness: A 5-Year Action Agenda." This report details the goals, strategies and action steps that we have determined as most critical to the long-term achievement of the result that all of Maryland's children will enter school ready to learn. This Action Agenda is the result of lengthy deliberations and review of evidence-based proven practices by the LAP members. The implementation of this Action Agenda will significantly "turn the curve" in improving the statewide results for children entering school, as evidenced in the outcomes, over the next five years, on the Work Sampling System, the State's kindergarten readiness assessment tool.

It is our hope that you will consider this Action Agenda in your own deliberations to develop the 5-year school readiness strategic plan to be submitted to the Maryland General Assembly next February. We stand ready to work with you in the preparation of that strategic plan, and, more importantly, to continue our efforts as a group to achieve measurable results in the readiness of children entering school. We are committed to carrying out the important work that must occur in order to ensure that every child and his or her family is supported and provided the opportunities for success in school.

We look forward to your feedback regarding the Action Agenda, and to the opportunity for ongoing, effective collaboration with the Subcabinet in our shared work on behalf of the young children of Maryland. Thank you.

OVERVIEW

In December 2001, the Annie E. Casey Foundation, the Subcabinet for Children, Youth and Families, and the Council for Excellence in Government convened a group of 40 leaders in State and local government, and from advocacy and service-providing organizations to form the Leadership In Action Program (LAP). The program had the dual aims of accelerating the rate at which children enter school ready to learn in Maryland and of increasing the leadership capacity of the participants who are accountable for that result.

Over the past ten months, the LAP members have been engaged in research, discussion and debate to fully understand the complexities of the school readiness issue, and the factors that explain why fewer than half of Maryland's kindergartners in 2001 were assessed as having the skills necessary to succeed in school. Through its deliberations, LAP members have developed a 5-Year School Readiness Action Agenda that provides a roadmap to achieving the result that **all children in Maryland enter school ready to learn.** "All" children, in this case, refers to children birth through age 5 of all socio-economic, ethnic and racial backgrounds, including those with disabilities, special needs and diverse abilities. The 5-Year Action Agenda establishes a target that, by the 2006-07 school year, 75% of all kindergartners will be assessed as fully ready for school on the State's readiness assessment, the Work Sampling System.

This 5-Year Action Agenda is both ambitious and realistic and is based on accomplishing 6 goals, through the implementation of 25 strategies. In brief, those goals are:

- **All children, birth through age 5, will have access to quality early care and education programs that meet the needs of families, including full day options.**
- **Parents of young children will succeed in their role as their child's first teacher.**
- **Children, birth through age 5, and their families, will receive necessary income support benefits and health and mental health care to ensure they arrive at school with healthy minds and bodies.**
- **All early care and education staff will be appropriately trained in promoting and understanding school readiness.**
- **All Maryland citizens will understand the value of quality early care and education as the means to achieve school readiness.**
- **Maryland will have an infrastructure that promotes, sufficiently funds, and holds accountable its school readiness efforts.**

The strategies included in the Action Agenda range from those that are easily implemented to those that will require a large investment of funds, time and energy. Some also call for a new approach to working together that may be difficult to achieve. All of the strategies build upon efforts already underway to improve school readiness.

Within the 6 goals and their associated 25 strategies is a logical and necessary sequencing to the work. While all 25 strategies are critical to preparing children for kindergarten, some strategies must precede others in order to achieve certain immediate successes, to build momentum, and to lay a foundation upon which sustained efforts to affect school readiness can occur. These critical first steps include:

- **Building public support.** A public engagement campaign must be launched in order to educate the public of the fundamental importance of quality care and education for our youngest children and to build an educated constituency for improvements in school readiness.
- **Establishing a permanent school readiness committee to the Subcabinet.** If charged with the oversight and monitoring of the implementation of this Action Agenda, this committee can hold all partners accountable and keep the pressure on to achieve the 75% target.
- **Focusing immediately on parent involvement.** Further efforts must be initiated immediately to build on the strengths of families through formal and informal parent involvement activities.
- **Expanding early care and education services.** The 2002 Bridge to Excellence in Public Schools Act requires a 6-year phase-in of pre-K programs for all at-risk 4 year-olds – this should be our immediate starting point; we will then strategize on how to serve all 4 year-olds, then all 3-year olds, and so on. At the same time, we must identify now how to infuse more early literacy activities into all the programs already underway for children 0-5.
- **Addressing credentialing and compensation of child care staff.** Significant strides have already been made in this area through voluntary credentialing and tiered reimbursement of child care providers. In light of the large number of young children in full and part-time child care, additional effort is required to improve the quality of child care programs and compensation of child care staff.
- **Keeping children healthy.** The health of children directly affects their ability to learn. Lead poisoning and substance abuse are school readiness issues that affect large numbers of children statewide and demand additional resources dedicated to these concerns.

The Action Agenda is ambitious, do-able, and an investment in Maryland's future. To shrink from the responsibility of preparing our children for school has enormous and costly consequences. While not all poor social outcomes are attributable to poor school readiness, we know that poor school readiness does contribute to school failure that, in turn, contributes to poor employment experiences, less productivity and in some cases, even engagement in criminal activity. Costs associated with these bad outcomes include remedial and special education costs, tertiary health care costs, the cost of providing juvenile justice services, costs of protecting the welfare of children as well as adult-related costs associated with corrections services and income support. The payoff from enhanced school readiness efforts promises to be great, with fewer dollars needed for remediation, improved school performance and attendance, and enhanced parental involvement and support. Most important, generations of children will have instilled in them an eagerness to learn that is sure to last a lifetime.

ACHIEVING SCHOOL READINESS:
A 5-Year Action Agenda for Maryland

WHY FOCUS ON SCHOOL READINESS?

All would agree that every child deserves the chance to do well in life. Parents want the best for children; society benefits when its collective potential is achieved. Experience has taught us that a quality education provides the foundation for that success. It then stands to reason that we want our children to get a good education in order to grow to be successful, productive and responsible citizens.

► *In 2001, 73,158 babies were born in Maryland.*

We have known for some time now that it takes more than the opportunity for a good education to succeed in life. A decade of research shows that the road to success begins long before our children enter school. It begins in the earliest years, some say even before conception. It begins with children who are born healthy, who are raised in safe and nurturing families, and who have enriching and positive experiences from birth through age five. Children who have had these experiences enter kindergarten curious and enthusiastic, hungry to learn, with a willingness to get along with others, and in good physical and mental health. These children **"enter school ready to learn."**

In the State of Maryland, we now use the Work Sampling System (WSS) as the assessment tool that allows us to know if our children are, indeed, entering school ready to learn. In the initial year of statewide implementation (2001-02), kindergartners were assessed to determine their readiness, using the WSS. The WSS not only helps us determine if children are ready for learning as they enter school, but also shows where children might benefit from additional support and practice.

The result that we desire to achieve is that all kindergartners enter school ready to learn, as evidenced by the WSS. Yet, to achieve it, there are still significant systemic and financial barriers to overcome. Additionally, improvements to existing programs must be made to support families with very young children, and other caregivers into whose trust these children are placed. These efforts include:

► *The Work Sampling System (WSS) is the assessment component of the Maryland Model for School Readiness (MMSR) that documents and assesses children's school readiness skills across a variety of curricular areas.*

- low and no-cost approaches;
- new ways of working together; and
- strategies with a high price tag that require innovation and foresight to implement.

A tall order...maybe. But...what if we do NOT tackle the school readiness needs of our youngest children? Marylanders need to know that the stakes are very high. This year, more than half of the kindergartners statewide entered school without the skills they need to be successful. With help and intervention, some of these children will catch up, but many will not – they are the ones who will continue to fall behind, struggle with their education and experience an array of bad outcomes throughout their lifetime.

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Obviously, we cannot blame all poor social outcomes on poor school readiness skills, but we know that poor school readiness does contribute to school failure that, in turn, contributes to poor employment experiences and less productivity, and may even provide the motivation for criminal activity as a source of income. Costs associated with these bad outcomes include remedial and special education costs, tertiary health care costs, the cost of providing juvenile justice services, and the costs of protecting the welfare of children as well as adult-related costs associated with corrections services and income support. Conservative estimates of the cost of these bad outcomes for the State of Maryland total **over $3 billion** per year.[1] If improvements in school readiness saved only 1% of this total, we could recoup $30 million per year! We are convinced that it will save a lot more.

► *90% of brain growth occurs between ages 0 and 5, yet 90% of all public funding for children is dedicated to children over the age of 5.*

LEADERSHIP IN ACTION

The Leadership in Action Program (LAP), a group of 40 leaders in State and local government, and from advocacy and service-providing organizations, was convened in December 2001 by the Annie E. Casey Foundation and the Subcabinet to determine how best to accelerate Maryland's efforts to achieve school readiness. **Members of the LAP believe that all Maryland's children CAN and MUST enter school ready to learn.** This report, developed by members of the LAP, is a 5-year framework for a statewide early care and education system for all Maryland's young children. This Action Agenda is ambitious, yet achievable. It contains strategies and action steps whose implementation will allow ALL children in Maryland to enter kindergarten ready to learn.

► *"All" children refers to children birth through age five of all socioeconomic, ethnic and racial backgrounds, including those with disabilities, special needs, and diverse abilities.*

Through the successful implementation of this Action Agenda, Maryland would be well on its way to achieving its school readiness result for all kindergartners, thereby reducing the need to spend staggering amounts every year on remediating bad outcomes related to poor school readiness. **With the aim of having 75% of children in Maryland assessed as fully ready by the 2006-07 school year,** we propose that this Action Agenda be adopted and implemented without delay, including continuous monitoring and re-adjustment to ensure that we stay on the right track. It is only by holding our systems and ourselves accountable that we will ensure that all children will enter school ready to learn.

WHERE ARE WE NOW?

While it is possible to compare rates of crime, infant mortality or unemployment to see how Maryland measures against other states, there is no school readiness data that enables us to make similar comparisons. We do know, however, that Maryland is much further along than most states in addressing school readiness. More than four years ago, a framework for helping early education teachers and child care providers improve assessment and instruction was established. This framework, known as the Maryland Model for School Readiness (MMSR), includes the Work Sampling System (WSS) as the tool for documenting and assessing children's school readiness skills across a variety of curricular areas. The WSS measures a child's readiness in 30 indicators that are organized in 7 domains

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of learning: Personal and social skills, language and literacy, mathematical thinking, scientific thinking, social studies, the arts, and physical development and health.

In February 2002, the Maryland State Department of Education released a report providing baseline school readiness data, for the 2001-02 school year, based upon the first year of full implementation of the WSS in all publicly funded kindergartens statewide. The data is reported in aggregated and disaggregated form for the State and its 24 jurisdictions.[2] Within the different domains of learning, the statewide results showed:

	Fully Ready	Approaching Readiness (needs targeted support)	Developing Readiness (needs considerable support)
Social and personal	55%	36%	9%
Language and literacy	36%	50%	14%
Mathematical thinking	40%	47%	13%
Scientific thinking	24%	59%	17%
The arts	51%	42%	7%
Social studies	32%	55%	13%
Physical development and health	60%	35%	4%
Composite score	**49%**	**44%**	**7%**

Overall, the WSS data tells us that, statewide, about half (49%) of kindergartners were assessed as fully ready to do kindergarten work.

The WSS data also tell us that:

- Baltimore City, Baltimore County, Dorchester County, and Prince George's County fell below 40% of students assessed as fully ready. These counties, together with Calvert County, Caroline County, Cecil County, St. Mary's County, and Worcester County, had composite scores below the statewide average of 49% of students assessed as fully ready.
- Thirty-nine percent (39%) of children entering school directly from home care by parent(s) or informal relative care, with no formal pre-school experience were assessed as fully ready. This compares to 45% of children from a child care center or family day care, and 43% from Head Start. Sixty-seven percent (67%) of children from non-public nursery schools and 47% of children from pre-kindergarten settings were assessed as fully ready.
- Significant differences in readiness were found among children who receive free and reduced price meals and those who do not (34% fully ready vs. 52% fully ready), and children with limited English proficiency and those not limited by English proficiency (35% fully ready vs. 49% fully ready).[3]
- Significant differences were also found among children when gender, race, ethnicity and special education were considered.

➤ *Results of the Annual School Readiness Report indicate that less than half of Maryland's 5-year olds arrive at kindergarten with skills they need to succeed in school.*

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WHAT EXPLAINS OUR CURRENT SITUATION?

➤ *About 65% of Maryland children age 3 and under have mothers in the workforce.*

How do we explain that, in one of the wealthiest states in the nation, only 49% of our students enter kindergarten prepared?[4] Decades of considerable research into the conditions and factors that explain the status of school readiness in our country suggests that there are multiple and complex reasons as to why our youngest children appear to be faring poorly in school. Major societal issues top the list of contributing factors. These include:

- poverty
- inequitable distribution of societal resources
- racism
- substance abuse
- homelessness
- economic pressures on parents
- changes in family structure
- children born unwanted.

Members of the LAP believe these concerns are the primary underlying causes and forces at work that contribute to the state of school readiness in Maryland. Additionally, the following are viewed as underlying systemic issues, present in Maryland, that factor into the current status with respect to school readiness:

- Insufficient awareness of the importance of quality early childhood care and education;
- Lack of public will to address early childhood care and education;
- Lack of knowledge of the resources needed to provide universal, quality early care and education, and insufficient funding to provide that care and education;
- Lack of a system-wide collaborative approach for early childhood;
- Lack of clear, consistent standards, evaluation and accountability systems to measure effectiveness of programs;
- Poor targeting and distribution of available resources to areas of highest need;
- Insufficiencies and discrepancies among workforce preparation, and lack of ongoing continuing professional development for early care and education providers; and,
- Lack of program flexibility to address individualized needs of children.

➤ *Early Care and Education includes a full range of care, education and support of children 0-6, including child care, local Infants and Toddlers Programs, Early Head Start/Head Start, Family Support Centers, home visiting, early literacy, and health and mental health services.*

MARYLAND'S PROGRESS:

While societal issues and systemic problems in our country and our State help to explain why only half of our kindergartners are arriving at school with the necessary skills to succeed, we should also acknowledge that policy-makers and leaders in Maryland have stepped up to the plate to address this problem. Considerable efforts have been underway over the past ten years to support families with young children, and to place a greater emphasis on improving early care and education throughout the State. Without these initiatives, even fewer children would have the readiness skills they need. In particular, these efforts include:

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- The establishment, four years ago, of the Maryland Model for School Readiness as the framework that defines school readiness goals for young children's early learning. The MMSR includes extensive staff development that helps early educators instruct and assess young children in the skills they need to be ready for school. The MMSR also provides school readiness baseline information for schools and programs serving young children in an effort to promote school readiness statewide.
- The passage of the 2002 Bridge to Excellence in Public Schools Act (SB-856) (also known as the Thornton Legislation), mandating a sweeping reform of State public education funding, to be financed by the newly enacted increase in the cigarette tax. Among the key components of the legislation are provisions to:
  1. Significantly expand public pre-K programs targeted to at-risk children and full-day kindergarten for all children statewide;[5] and,
  2. Immediately infuse additional funds into the Maryland Infants and Toddlers Program, which serves children with special needs from birth to 3 years. Since 1995, the number of infants and toddlers with disabilities and their families receiving services from local Infants and Toddlers Programs has increased more than 30%. In 2002, the Legislature allocated $5.2 million in State general funds to the Maryland Infants and Toddlers Program and also enacted into law a statewide funding formula for the program.
- Implementing legislation establishing Judith P. Hoyer Centers to promote early learning.
- Funding the Family Support Center Network and home visiting programs to support parents with young children.
- Training staff in the child care field, Head Start, and home visiting on the Maryland Model of School Readiness, and enhancing child care providers' and Head Start teachers' understanding of best practice in early care and education.
- Improving the quality of child care and qualifications of child care providers through accreditation and credentialing.
- Providing early childhood mental health consultation and supports to parents and early care and education providers.
- Enhancing the publicly funded maternal and child health system, and specifically, expanding health care coverage for pregnant women and children through the Maryland Children's Health Program.
- Expanding community partnerships and the role of the Local Management Boards in local school readiness efforts.
- Appropriating Head Start State Supplement funds for expansion and quality improvements to Head Start and Early Head Start Programs.
- Growing private and philanthropic investments in school readiness.
- Acknowledging and focusing on the importance of school readiness by the Maryland Partnership for Children, Youth and Families; the Joint Committee on Children, Youth and Families; the Maryland Board of Education; and the Subcabinet for Children, Youth and Families.
- Initiating the development of a statewide early childhood public engagement campaign, with initial support from the National Governors Association and a public/private partnership.

➤ *The Maryland Model for School Readiness (MMSR) is a statewide school readiness framework that includes "readiness" outcomes and indicators and an assessment component to inform instruction and support of young children's readiness for school.*

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WHAT WILL IT TAKE TO IMPROVE SCHOOL READINESS IN MARYLAND?

The State and local efforts undertaken to date to strengthen and improve early care and education in Maryland, as noted above, demonstrate unity and commitment among public agencies, private citizens and leaders concerned with the health and well-being of Maryland's youngest children. However, there is significantly more work to be accomplished if we are to reach our target of 75% of kindergartners being fully ready by the 2006-07 school year.

➤ *In 2000, there were 427,939 children under the age of 5 living in Maryland, which represents 8% of the total population.*

In developing this Action Agenda, the members of the LAP explored a number of questions:

- What are the best strategies to pursue?
- With limited resources, which efforts can guarantee the best return on investment?
- What "best practices" have been shown to achieve gains in school readiness?

Answers to these questions were sought from experts in the field and within the literature regarding school readiness.

Before we enter into a discussion about "what works" in terms of school readiness, it is important to note that there is no single solution or answer to this question. Moreover, what has proven to be effective for one community or population elsewhere in the country may not be as successful in Maryland. Instead, the discussion below identifies general principles of proven practices; describes core resources and services that should exist in communities; and explores policies, partnerships, and, coordination efforts that contribute to improving school readiness in any community.

We must recognize, too, that any intervention or program design must take into consideration the reciprocal relationship between the child and the many environments in which he/she interacts. These environments include the immediate family, the neighborhood in which the child lives, and to a large extent, the larger community such as an organized governmental jurisdiction or state.

The three school readiness objectives set forth by the National Educational Goals Panel (NEGP) reflect these relationships.[6] First and foremost, children must be in good health, both physically and mentally, to actively engage in learning. Second, parents must be encouraged and supported to fulfill their role as their child's first teacher. Third, children must have access to high quality and developmentally appropriate early childhood care and education programs that aid in their preparation for school.[7]

The discussion that follows provides examples of creative and effective strategies that service providers, community leaders, and policy-makers have developed to support school readiness. This information has informed and shaped the Action Agenda developed by the members of the LAP, presented later in this report.

1. *Children Are Physically and Mentally Healthy*

Good physical and mental health are prerequisites to being ready to fully engage in learning. Providing uninsured or underinsured children living in low-income situations with access to quality, comprehensive medical care is the aim of the federally supported State Children's Health Insurance Program (S-CHIP). In addition to providing access to medical care, S-CHIP programs conduct aggressive outreach to families, educating them about the availability of coverage as well as the importance of routine medical and oral care for their children, including the need to have children immunized. Additionally, the federal Title V Maternal and Child Health (MCH) Block Grant provides millions of dollars to support the public health infrastructure for mothers and children. States are able to use the MCH Block Grant to target early childhood development through increasing parental education, coordinating home visiting programs, and working with other state agencies to provide services that fill in the gaps not covered by S-CHIP. Other federally supported programs that contribute to healthy development of children include the Special Supplemental Nutrition Program for Women, Infants and Children (popularly known as WIC), food stamp programs provided through local social service agencies, and the Child and Adult Care Food Program. All are designed to ameliorate barriers to providing nutritious, well-balanced meals often faced by families with limited income.

➤ *Every year in Maryland, thousands of children under age 6 are found to have elevated levels of lead, leaving them at high risk for lifelong irreversible effects.*

The devastating effects of exposure to lead in young children, which include severe impacts on abilities to learn, have brought about the development of effective lead poisoning prevention, abatement, and education programs. These programs have been credited with the development of effective treatment methods remediating the effects of lead exposure; increasing public awareness of the dangers and symptoms of lead poisoning; and, aggressive laws and testing policies designed to prevent further exposure within schools, housing environments, and other publicly accessed buildings.

Home visiting programs are designed to improve pregnancy outcomes, improve children's health and development, and improve the mother's own personal development. Many local health departments have a maternal and infant nursing program, utilizing nurses as primary interventionists, which provides support to pregnant women and infants who have been assessed at-risk for poor outcomes. The intent of these programs is to encourage participation in regular medical visits for both the mother and the child and to increase parenting skills through education and role modeling of proper care techniques. Perhaps the most compelling demonstration of the effectiveness of nurse home visiting is found within a 20-year study of the nationally noted Nurse Home Visitation Program.[8] Beginning with nurse home visits for mothers during pregnancy and continuing through their children's second birthday, the aim of this program is to improve pregnancy outcomes, promote children's health and development, and strengthen families' economic self-sufficiency. Long-term follow up with participants in the program revealed that mothers were less likely to abuse or neglect their children or to have rapid successive pregnancies. This enabled mothers to become economically self-sufficient and avoid substance abuse and criminal behavior. Key factors of this model were the utilization of nurses as home visitors, targeting the services to the neediest populations, and most importantly, maintaining fidelity to the program model.

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In 1986, the Individuals with Disabilities Education Act (IDEA) was expanded to include early intervention programs for infants and toddlers with developmental delays and their families. The premise of early intervention is that the earlier the delay is identified and supported, the greater the likelihood that the delay can be minimized, thereby reducing the need for children to enter school far behind their same-age peers. Early intervention has been credited with enhancing family capacity to support the development of children with special needs, improved cognitive and social development of participating infants and toddlers and a decrease in the number of referrals to special education. While some educational supports may still be necessary to address a developmental disability, the level of intensity is often lessened and inclusion in the general education curriculum is more likely.

Interventions to support school readiness in young children must also address the emotional needs of young children. In an extensive review of the literature, the National Center for Children in Poverty (NCCP) found that the prevalence of problematic behaviors in children ages 3-4 is about 10%.[7] This prevalence rate is higher (27%) for children from low-income families. Observational data suggests that between 4 and 6% of preschoolers have serious emotional disorders, while between 16 and 30% pose ongoing problems to early childhood care and education providers. Unique interventions have emerged to address the behavioral and emotional needs exhibited by young children. The Behavioral/Emotional Support and Training (BEST) Program provides assessment and intervention for any child identified as at-risk for expulsion from a child care setting. Impact of the BEST program's intervention has been demonstrated through improved social skills, decreased problem behaviors, and decreased need to remove children from their child care settings. While there is no long-term data yet available, it is believed that early identification and intervention of emotional and behavioral problems can have long-term benefits to a child's social and emotional development and decrease referrals to special education. Starting Early Starting Smart (SESS), an initiative of the Substance Abuse and Mental Health Services Administration and Casey Family Programs, provides integrated behavioral health services in community-based early childhood settings. Recognizing that the success of these interventions relies upon the positive health and well-being of the family, the intervention is targeted to the child and family. Early findings of this rigorously evaluated program include strengthened development of young children crucial to future school success, strengthened positive interaction between caregivers and infants in the early months of life, strengthened family support of their children's development, and decreased drug use among caregivers participating in substance abuse treatment.

➤ *It is estimated that 10% of preschoolers have behavior problems that negatively affect their ability to learn.*

Parents' emotional health also has been found to have profound impact on parent-child relations and child development. In particular, extensive literature on maternal depression shows that many depressed mothers have inconsistent interactions with their infants, are more likely to withdraw from their children, respond with little emotion or energy, and/or act in a hostile manner toward their children. These behaviors contribute to the higher rates of insecure attachment, withdrawal and reduced activity observed in infants. It should be noted, however, that these problems are not uniformly found among all children of depressed mothers. Studies have shown that many depressed mothers are, in fact, very good mothers whose children are securely attached and do well in school. Generally,

these women have good support structures in place. The disruptive effect that maternal depression has on children is found more frequently when the depressed mother also is experiencing poverty, marital discord or maltreatment, or substance abuse or is a teen.[10] Recognition of the significant impact that maternal depression has on child development and school success has led national initiatives, such as Head Start, Early Head Start, and the federal Bureau of Maternal and Child Health to now focus on integrating screening and referral for maternal depression, as well as support for mothers exhibiting signs of depression and staff training around maternal depression into their efforts.[11]

2. *Parents Are Encouraged and Supported to Be Their Child's First Teacher*

Parents/primary caregivers must be recognized as the most constant and important influence in the lives of young children. A number of interventions and programs have demonstrated their effectiveness in strengthening the capacity of parents and primary caregivers to foster learning and social development in young children. Some of these interventions focus primarily on young children and some focus more on the health and well-being of parents/caregivers themselves. Others take a holistic approach to addressing the needs of children and their caregivers simultaneously.

➤ *The amount of parental participation in a child's early education experience has a direct impact on school readiness.*

Helping parents/primary caregivers understand how children grow, develop, and learn is an important step in strengthening their ability to teach and support their children. Parent education has been a popular modality through which this information is shared. Whether they are stand-alone classes offered by groups such as employers, churches, or community associations or whether they are part of a comprehensive program, these sessions allow parents to gain useful knowledge about their child's development as well as insight into how to best facilitate learning. A significant subset of this body of knowledge shared through parent education is early literacy. Reach Out and Read, a program in which pediatricians reinforce with parents the importance of reading to their children, has been replicated nationally. This program also offers books, information, and trained volunteers to model reading techniques for parents.

Parents and primary caregivers are not always the only intended audience for information concerning the developmental needs of young children. Widespread public awareness campaigns, such as California's *I Am Your Child*, are successful in building broad-based support for parents becoming actively engaged in their children's learning. Such campaigns have been credited in the development of family-friendly employment practices as well as parent involvement practices of early childhood care and education programs.

The degree to which parents and primary caregivers are capable of fulfilling the role of their child's first teacher is strongly influenced by their own social, physical, and emotional well-being. Children who are raised in families in which their parents and primary caregivers struggle with high rates of unemployment, substance abuse, and poverty are at a major disadvantage for entering school prepared to learn. It is imperative that communities offer adult literacy and GED programs, job training and employment, adequate housing, substance abuse treatment and comprehensive health and mental health services so

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that adults caring for children can do so in nurturing, supportive environments. This particularly applies to families from diverse racial, ethnic, and cultural backgrounds, many of who do not speak or write English.

► *Maryland has one of the highest infant mortality rates in the country.*

Attempts at addressing the needs of children and their families simultaneously have resulted in the development of number of effective comprehensive community-based support programs.

- Federal Healthy Start programs provide an array of services to ensure that maternal health and social needs are met, strengthen parents' roles in supporting their child's development and learning, and offer experiential learning opportunities for parents and children. Beginning prenatally to prevent pre-term and low birthweight births, Healthy Start programs have contributed to an increase in healthy birth outcomes, improved maternal and child health and family self-sufficiency, primarily utilizing home visitation (often by community health workers) and center-based services.[12]
- Even Start addresses the basic educational needs of parents and children ages 0-8, blending early childhood education with adult literacy and education to create a family literacy program. When compared to children who did not participate in Even Start, children who did learned school readiness skills significantly faster than expected. Adult participants experienced improvements in self-sufficiency, having increased their income and ability to maintain employment.
- Comprehensive family support programs often blend home and center-based services designed to strengthen parenting skills and help families meet their social, emotional, and health-related needs. Communities in which family support programs are available have experienced improvements in indicators of child well-being, such as decreased rates of child abuse and neglect and improved family self-sufficiency.

Providing interventions in a family's natural environment is the chosen modality of home visiting programs. Healthy Families America (HFA), a program launched by Prevent Child Abuse America, is a highly structured home visiting program targeting families with intensive needs. Characteristics of HFA include intervening during pregnancy, remaining flexible to meet the needs of families, and strong staff development and supervision. HFA programs have demonstrated improvements in parenting skills, decreased rates of child abuse and neglect, and improved child health and development. Parents as Teachers (PAT) and the Home Instruction Program for Preschool Youngsters (HIPPY) represent successful home visiting programs that strengthen parents and caregivers' ability to participate in their child's learning. Home visitors are trained to impart this knowledge and skill through a variety of interventions, including role modeling within the child and caregiver's natural environment.

3. *Children Have Access to High Quality and Developmentally Appropriate Early Childhood Care and Education*

Perhaps the most convincing evidence that quality early child care programming has long-term, positive effects with respect to academic success was gathered through the Carolina Abecedarian Project, a longitudinal study regarding early childhood education. When

compared to the control group, participants who received full-time education from infancy to age five demonstrated statistically significant higher cognitive, reading and math test scores and were $2^1/_2$ times more likely to attend four-year colleges.[13] Both the control and participant groups received social service and family support services and had free access to health services. This does not diminish the importance of such early childhood interventions. Instead, it supports the holistic philosophy set forth by the National Educational Goals Panel and stresses the importance of a multi-dimensional approach to ensuring that children enter school ready to learn. It also clearly conveys that direct educational efforts, targeted to young children, yield significant results.

Federal Head Start programs are prime examples of comprehensive programs that provide quality early childhood care and education. These programs are targeted to low-income children and their families, who by virtue of living in communities with scarce resources, have limited access to early learning opportunities. Key elements of these programs include center-based child care that stresses health, social, emotional, and cognitive development, home and center-based service coordination, and a strong emphasis on parental involvement, not only in their individual child's programming, but also in the overall operation of the program itself. Children that have participated in these programs have maintained educationally substantive gains in general, cognitive, and analytic ability when compared to their peers who did not attend Head Start.[14] Reauthorization of this legislation in 1994 expanded these resources to low-income pregnant women and families with infants and toddlers through the development of Early Head Start programs. Recent Early Head Start study findings show positive results, including child performance in cognitive and language development that exceeds the performance levels of children who are not in the program. Early Head Start parents demonstrate positive parenting behavior and participate in education and employment-related activities.[15]

➤ *Only 25% of Maryland's early care and education programs meet high quality standards.*

Quality early childhood care and education is defined by the skills and abilities of the staff charged with caring for and intervening with young children. Highly structured programs such as Head Start and pre-school programs under the auspices of public education have rigorous standards for teacher qualifications, comprehensive staff development structures, and subsequent higher salary structures. Unfortunately, this is not the case for child care staff. Despite having to comply with strict regulatory requirements for licensure, they are among the lower paid of all classes of workers in the U.S.[16] Efforts to reduce such disparities in capacity and compensation across early child care and education providers include credentialing processes that reward child care workers for improving their skills and competencies with higher pay. This presents a win-win solution for child care workers and the children in their care – it further professionalizes the field of child care while ensuring that children are receiving quality intervention and care.

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AN ACTION AGENDA FOR MARYLAND

To achieve real improvements in the school readiness of our youngest children requires a plan that: (1) coordinates the patchwork of existing quality efforts and builds upon them; (2) is based on best and proven practices, such as those described above; (3) recognizes and addresses the fundamental root causes that contribute to the current ill-preparation of many of our children, as noted earlier in this report; and (4) is ambitious in its scope, while still realistic in its expectations.

The members of the Leadership in Action Program have spent the past several months developing such a plan. To reach our target of 75% of kindergartners assessed as fully ready in the 2006-07 school year, the members of the LAP propose the implementation of a 5-Year Action Agenda that focuses on achieving 6 goals[17], through the implementation of 25 strategies:

- **All children, birth through age 5, will have access to quality early care and education programs that meet the needs of families, including full day options.** Strategies include immediately targeting at-risk 4 year-olds for entry into a quality early care and education program, building a more coordinated and expansive system of early care and education to serve more families, and providing needed incentives to attract and retain quality staff in early care and education programs.

- **Parents of young children will succeed in their role as their child's first teacher.** Strategies focus on giving parents information, support and training about school readiness and tools they can use to implement school readiness activities with their child in the home, expanding parent-to-parent support opportunities, and empowering parents to better advocate for their children and participate as partners in program and policy development.

- **Children, birth through age 5, and their families, will receive necessary income support benefits and health and mental health care to ensure they arrive at school with healthy minds and bodies.** Strategies focus on improving access to the range of health and mental health services and income support programs needed by pregnant women and families with young children, with a particular focus on addressing substance abuse and childhood lead poisoning – two devastating problems with widespread implications for school readiness.

- **All early care and education staff will be appropriately trained in promoting and understanding school readiness.** Strategies include implementing a range of initiatives aimed at enhancing the school readiness skills of early care and education providers, and increasing the number of degreed professionals working in the field.

- **All Maryland citizens will understand the value of quality early care and education as the means to achieve school readiness.** Strategies focus on implementing a wide-

spread public engagement campaign to improve the understanding of the importance of school readiness.

- **Maryland will have an infrastructure that promotes, sufficiently funds, and holds accountable its school readiness efforts.** Strategies focus on institutionalizing policy-making, funding and accountability to support Maryland's Action Agenda to achieve improvements in school readiness.

The Action Agenda is ambitious, do-able, and an investment in Maryland's future. Strategies included in the Action Agenda range from those that are easily implemented to those that will require a large investment of funds, time and energy. They may also call for a new approach to working together which may be difficult to achieve. All of the strategies build upon current structures and movement that contribute to our efforts to improve school readiness. We must build on those efforts, rather than duplicate or start anew.

Within the 6 goals and their associated 25 strategies is a logical sequencing to the work that, indeed, makes the Action Agenda do-able. The 25 strategies are critical to preparing our children for kindergarten. Some strategies, however, must precede others in order to achieve certain immediate successes, to build momentum, and to lay a foundation upon which sustained efforts to affect school readiness can occur. These include:

- **Building public support.** A public engagement campaign must be launched in order to educate the public of the fundamental importance of quality care and education for our youngest children and to build an educated constituency for improvements in school readiness.
- **Establishing a permanent school readiness committee to the Subcabinet.** If charged with the oversight and monitoring of the implementation of this Action Agenda, this committee can hold all partners accountable and keep the pressure on to achieve the 75% target.
- **Focusing immediately on parent involvement.** Build on the strengths of families through formal and informal parent involvement activities.
- **Expanding early care and education services.** The 2002 Bridge to Excellence in Public Schools Act requires a 6-year phase-in of pre-K programs for all at-risk 4-year olds. We will then strategize on how to serve all 4-year olds, then all 3-year olds, and so on. At the same time, identify now how to infuse more early literacy activities into all the programs already underway for children 0-5.
- **Addressing credentialing and compensation of child care staff.** Significant strides have already been made in this area through voluntary credentialing and tiered reimbursement of child care providers. In light of the large number of young children in full- and part-time child care, additional effort is required to improve the quality of child care programs and compensation of child care staff.
- **Keeping children healthy.** The health of children directly affects their ability to learn. Lead poisoning and substance abuse ARE school readiness issues that affect large numbers of children statewide. Immediately devote additional resources to these concerns.

Implementation costs of some of these strategies are modest and the degree of difficulty is low; in other cases, the strategies demand both new resources and a new approach in order to succeed. It is important to know, from the start, the associated costs and degree of difficulty that come with each strategy.

Each strategy is coded as follows:

INVESTMENT OF FUNDS – THE STRATEGY REQUIRES:

$	no/low new funding
$$	moderate new funding, including staff time to implement the strategy
$$$	large investment of new funds, including implementation costs and staff time

DEGREE OF DIFFICULTY – THE STRATEGY REQUIRES:

no change in how we work together toward implementation,

moderate changes in how we work together

significant new approaches to working together

We also reflect the timeframe within which implementation will occur in order to identify those efforts that can be achieved immediately, and those that must occur over time.

Leadership in Action
School Readiness Action Agenda

Result: All Maryland children enter school ready to learn

Within 5 years (the 2006-07 school year), 75% of Maryland kindergartners will enter school assessed as fully ready on the Work Sampling System.[18]

GOAL #1 All children, birth through age 5, will have access to quality early care and education programs, that meet the needs of families, including full-day options

Strategies	Action Steps	Level of Investment*	Degree of difficulty*	Timeframe*
Provide ECE[21] programs for all at-risk 4-year olds, utilizing agreements/contracts with community ECE providers, as detailed in all local School Master Plans	• *In the MSDE guidelines for the local master plans, require programs for at-risk 4-year olds, developed jointly by the local school system and community partners*	$$$	🚹	2002
	• *Local school systems convene community partners to develop local plans*	$$	🚹🚹	2002-03
	• *Local school systems enter into contractual agreements with community ECE partners to provide programs for at-risk 4-year olds*	$$$	🚹🚹🚹	2003
Coordinate delivery of quality child care, early intervention, Early Head Start/Head Start, pre-school, home visiting, family support services and family literacy through local coordination and expansion efforts to better serve more families	• *Increase the participation of ECE providers in local planning efforts*	$	🚹🚹	2003/ongoing
	• *Strengthen the capacity of ECE programs to provide culturally competent outreach and accommodations for families in their home language & culture and recognizing their diverse learning styles*	$$	🚹🚹	2003/ongoing
	• *Expand opportunities for young children with disabilities to participate in ECE programs*	$	🚹	2003/ongoing
	• *Coordinate & integrate mental health consultation into early care/education settings*	$$	🚹🚹	2003/ongoing
	• *Appropriate funds to expand early childhood accreditation, Judy Centers, Early Head Start and Head Start programs, family support centers and home visiting to additional communities*	$$	🚹	2004
Implement recommendations of the Judith P. Hoyer Blue Ribbon Commission on the Financing of Early Care and Education to better compensate and retain quality ECE staff	• *Develop access to health care benefits for ECE professionals*	$$$	🚹🚹	2003
	• *Devote a portion of the increases in the federal Child Care and Development Fund to annualize increased credential bonuses and increased tiered reimbursement compensation*	$$	🚹🚹	2003
Provide access to ECE programs for all children birth to 4-year olds, beginning with at-risk children	• *Expand the use of the WSS to assess the developmental skills and abilities of 3-year olds in order to refer them to appropriate services*	$$	🚹🚹	2004
	• *Fully fund the Maryland Infants and Toddlers Program*	$$	🚹	2005
	• *In partnership with local school systems, Child Care Resource Centers and ECE planning efforts, develop agreements/contracts with community ECE providers to provide ECE programs for children 0-4*	$$$	🚹🚹	2005
Assure that all working parents have access to full-day, full-year quality child care	• *Devote a portion of increases in federal Child Care and Development Fund to decrease parent Purchase of Care co-payments*	$$	🚹🚹	2005

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GOAL #2 Parents of young children will succeed in their role as their child's first teacher

Strategies	Action Steps	Level of Investment	Degree of difficulty	Timeframe
Conduct intensive outreach to and education of parents regarding school readiness, and promote school readiness strategies parents can employ	• *Conduct school readiness fairs for parents at elementary schools and ECE settings*	$		2003/ongoing
	• *Train foster care parents on WSS*	$		2003/ongoing
	• *Develop and disseminate school readiness materials for parents*	$		2003/ongoing
	• *Provide parent/child activities through ECE and family literacy programs in a variety of settings*	$		2003/ongoing
	• *Provide prototypes of school readiness activity boxes to ECE programs for replication and distribution to parents*	$$		2003/ongoing
	• *Use the planned early childhood public engagement campaign to target parents through public engagement techniques*	$$		2003-04
Coordinate early literacy initiatives, in partnership with public libraries and ECE providers, in a variety of settings to provide reading support to parents and books to children	• *Establish a network of early literacy programs and efforts statewide*	$$		2003
	• *Provide technical assistance to implement literacy projects, in a variety of settings, including public libraries*	$$		2003/ongoing
Expand parent-to-parent support activities in all ECE programs	• *Train ECE providers on how to establish parent support networks*	$		2003/ongoing
	• *Host annual conference on Parent-to-Parent support*	$$		2003/annual thereafter
	• *Create centralized clearinghouse of school readiness materials through collaboration of all ECE programs in each jurisdiction*	$		2004-05
Empower families to advocate for their own child and to fully participate in ECE policy development and family involvement activities	• *Utilize existing groups, such as the MSDE Family Focus Council, to advise the School Readiness Committee of the Subcabinet (see Goal 6) on family involvement and advocacy in ECE*	$		2004
	• *In partnership with established parent leadership programs, expand opportunities to involve families as partners in ECE program and policy development.*	$		2004

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GOAL #3 Children, birth through age 5, and their families, will receive necessary income support benefits and health and mental health care to ensure they arrive at school with healthy minds and bodies

Strategies	Action Steps	Level of investment	Degree of difficulty	Timeframe
Assure access to all benefits for which a family may be eligible (e.g., WIC, Food Stamps, MCHP, POC, Energy Assistance, job training)	• *Identify and eliminate procedural barriers in customer access to services*	$$		2003/ongoing
	• *Use ECE programs as a vehicle to provide information to families on benefits and means to access them*	$		2003/ongoing
	• *Provide information on services to assist families at every point of contact with ECE system*	$		2003/ongoing
	• *Create multiple opportunities, where at any point of entry, families can obtain a seamless array of health, mental health and support services*	$$		2003
Improve access to health care to uninsured and underinsured children and women of child-bearing age	• *Sustain the public health infrastructure, which contributes to school readiness, and use ECE programs as a vehicle to provide information on important child health issues*	$$		2003/ongoing
	• *Coordinate with the Covering Kids Campaign to reach all families eligible to be enrolled in MCHP*	$		2003/ongoing
	• *Within 4 years, expand Medicaid eligibility from 46% to 250% of the federal poverty level for adults*	$$		2003/ongoing
	• *Through outreach to parents of special needs children enrolled in Medicaid or MCHP, provide information about the full range of benefits included in the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) benefits package.*	$		2003/ongoing
	• *Extend term of eligibility for Medicaid from 6 to 12 months*	$$		2004
	• *Support efforts to increase Medicaid reimbursement rates for health care providers*	$$$		2005
	• *Extend Medicaid eligibility to include pregnant women between 250% and 300% of federal poverty level, and women of childbearing age up to 300% of federal poverty level*	$$$		2005
	• *Remove barriers within foster care, informal and formal kinship care to all needed health care services*	$		2005
Expand appropriate substance abuse treatment in order to provide treatment on demand to parents of children 0-6	• *Develop a plan to expand substance abuse treatment for pregnant women and parents with children*	$		2003
	• *Allocate funds to support immediate expansion of substance abuse treatment for pregnant women and parents with children*	$$$		2003
	• *Develop and implement long-term funding streams to enhance availability of such treatment*	$$		2004
Further reduce incidence of childhood lead poisoning statewide	• *Incorporate lead risk questionnaire and blood lead testing as appropriate per established guidelines in all ECE programs serving pregnant women*	$$		2003-04
	• *Use ECE programs as a vehicle to provide parent workshops on lead poisoning*	$$		2003/ongoing
	• *Prepare an environmental screening and intervention program for lead poisoning in targeted ECE programs*	$$		2004
Develop an integrated system of early childhood mental health services to promote healthy social-emotional growth	• *Gather data on the current capacity of all counties to provide services and supports to children 0-6 and their families*	$		2002
	• *Examine state policies and programs focused on children 0-6 and identify gaps and areas of overlap*	$		2003/ongoing
	• *Develop a plan to provide mental health consultation to all child care providers*	$		2003
	• *Expand in-service and pre-service training opportunities for professionals interested in early childhood mental health*	$$		2004

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GOAL #4 All early care and education staff will be appropriately trained in promoting and understanding school readiness

Strategies	Action Steps	Level of Investment	Degree of difficulty	Timeframe
Establish opportunities for joint staff development activities for ECE providers and families	• *Expand joint staff development activities offered by local school systems for early childhood education*	$		2003/ongoing
	• *Open staff development opportunities offered in ECE by all state and local child serving agencies to staff from all agencies*	$		2003/ongoing
Establish opportunities for and access to cross-training programs for ECE staff and families to improve access to services supporting school readiness	• *Establish annual orientation sessions for ECE staff on existing portals of child services*	$		2003/ongoing
	• *Develop and disseminate guide for cross-training practices to ECE providers*	$$		2004
Coordinate and expand continuing ECE education, credentialing and training, in collaboration with training institutions, academic institutions, and other organizations	• *Develop research-based staff training modules for MMSR and WSS, for statewide ECE staff development*	$$		2004
	• *Develop and implement a credentialing model for home visitors similar to the child care credentialing model*	$$		2004
	• *Develop regulations to establish credentialing for home visitors*	$$		2004
	• *Develop research-based staff training in program standards and child assessments for ECE programs*	$$		2004
	• *Coordinate mentoring services for ECE providers*	$		2004
	• *Identify sources of funds for home visitors' credentialing incentives (including tuition reimbursement and bonuses)*	$$$		2005
	• *Develop web-based training for ECE providers and parents on school readiness activities and instructional strategies*	$$		2005
	• *Coordinate existing websites on ECE through hotlinks in order to provide updated research on ECE in a systematic fashion*	$$		2005
Increase continuing education opportunities for ECE providers in school readiness and use of evidence-based early childhood practices	• *Develop and disseminate staff development training, including WSS and MMSR training, to all ECE providers*	$		2003/ongoing
	• *Fully implement the articulation of training hours to college credits based on the existing agreement with community colleges*	$$		2004
	• *Integrate early childhood courses into CEU requirements for all credentialed professionals serving young children*	$$		2004
	• *Implement libraries' early literacy outreach project, including joint home visiting*	$$		2004
	• *Continue to expand participation in the Maryland Child Care Credentialing Program*	$$$		2003-10
Implement degreed programs to improve the qualifications of ECE staff	• *Develop MOUs with post-secondary institutions and others to design a credentialing program for home visitors*	$		2006
	• *Introduce research-based knowledge and methods on early childhood mental health as part of graduation requirements for pre-service candidates in ECE*	$$		2006
	• *Convene representatives from institutions of higher education that prepare mental health professionals to integrate social and emotional development of young children into their curricula*	$$		2006
	• *Assist institutions of higher education to establish practica at ECE settings*	$$		2006

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GOAL #4 (continued)

Strategies	Action Steps	Level of investment	Degree of difficulty	Timeframe
	• *Establish articulation agreements between approved training programs, 2-year institutions, and 4-year institutions to allow eligible students to transfer hours and credits among institutions without being penalized*	$$		2007
	• *Develop researched-based curricula in community colleges to provide an ECE endorsement for the Associate of Arts Degree in Teaching (A.A.T.)*	$$		2007
	• *Develop a system of incentives, including tax credits, tuition reimbursement, loan forgiveness, and increases in the scholarships available through the Maryland Child Care Provider Scholarship Program, for candidates in and graduates of 2- & 4-year ECE programs*	$$		2007

GOAL #5 All Maryland citizens will understand the value of quality early care and education as the means to achieve school readiness

Strategies	Action Steps	Level of investment*	Degree of difficulty**	Timeframe***
In conjunction with efforts already underway, develop a public awareness and engagement campaign to educate parents, family members, providers, community members, business community, faith community, advocacy organizations, the media and elected officials on the link of early care and education to school readiness	• *Establish steering committee*	$		complete
	• *Review research on other campaigns and related public opinion research*	$		2002/ongoing
	• *Select consultant to conduct focus groups*	$		2002-04
	• *Select advertising agency to conduct media campaign*	$		2003
	• *Conduct focus groups*	$$$		2003
	• *Raise additional funds to fully fund the campaign and its evaluation*	$		2003
	• *Develop plan for media campaign with timeframes and deliverables, including campaign brand/logo and materials for tv, radio, and print advertising*	$$$		2004
	• *Implement media campaign*	$$$		2004/ongoing
	• *Use evaluation to measure parent and community awareness and media encounters*	$$$		2004/ongoing
Encourage employers to adopt employee policies & practices that support employees who are parents/caregivers of children 0-6	• *In coordination with existing efforts, develop a range of employee policies & practices, including those that are low & no-cost, that support parents*	$		2003
	• *Subcabinet agencies initiate and model these practices*	$		2004
	• *Develop and implement a range of incentives to encourage employers to adopt such practices*	$$		2004

GOAL #6 Maryland will have an infrastructure that promotes, sufficiently funds and holds accountable its school readiness efforts

Strategies	Action Steps	Level of Investment	Degree of difficulty	Timeframe
Create a permanent committee of the Subcabinet to oversee and hold accountable school readiness efforts statewide	• *Research models in other states*	$		2003
	• *Develop committee's roles and responsibilities, staffing*	$		2003
	• *Hire staff*	$$		2004
	• *Monitor implementation of school readiness efforts*	$$		2005/ongoing
	• *Monitor progress on improving WSS results*	$		2005/ongoing
	• *Implement research agenda that focuses on efficacy and cost efficiency of interventions, preventing & reducing social/personal problems for children and their families, and improving scores on WSS in all domains to inform our efforts*	$$		2005/ongoing
Develop institutionalized funding streams to support expansion of quality ECE programs and improve compensation of ECE staff	• *Influence the Commission on Fiscal Structure to include ECE as part of its education mission and recommend new sources of revenue for program support and improved staff compensation*	$$		2004
	• *Introduce and pass legislation to expand tax credit system for those who contribute to the education of young children (e.g., grandparents, businesses)*	$$$		2004-05
	• *Explore, recommend and initiate commodity tax and/or licensing fees dedicated to ECE for program support and improved staff compensation*	$$$		2004-06
	• *Implement Hoyer Blue Ribbon Commission recommendations on the Financing of Early Care and Education*	$$$		2004-07
	• *Institute a financial assistance program for pre-school education based on family need*	$$$		2005
	• *Introduce and pass legislation to make the Maryland Child and Dependent Care Tax Credit refundable*	$$		2005-06
Assure accountability and integrity in the implementation of this Children Entering School Ready to Learn Action Agenda through ongoing evaluation and oversight	• *Request Legislature to continue to provide oversight of State's efforts to improve school readiness*	$$		2003
	• *Advocate for a more in-depth and substantive joint budget hearing on children entering school ready to learn*	$		2003
	• *Provide the training and technical assistance necessary to local ECE partnerships, including Judy Centers, to implement results-based accountability, decision-making and budgeting*	$$		2003
	• *Contract with an independent evaluator to design and implement an evaluation plan*	$$		2004
	• *Establish mechanisms to collect necessary data*	$$		2004
	• *Utilize surveys and other evaluation tools to determine success of ECE collaborative activities*	$$		2004/ongoing
Develop 5-year local jurisdiction school readiness plans that address the specific needs within the local jurisdiction and build on the State's efforts to improve school readiness	• *Establish school readiness planning teams jointly convened by the local management boards and local school systems to develop the 5-year plans*	$		2003
	• *Ensure that there is coordination between these plans and the local school system's Master Plan, developed as a result of the 2002 Bridge to Excellence in Public Schools Act*	$		2003
	• *Monitor the implementation of the plans and evaluate progress in achieving gains in the Work Sampling System results*	$$		2003/ongoing

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HOW DO WE KNOW IF IT'S WORKING?

Any plan is only as good as its implementation. To enact this 5-Year Action Agenda, due diligence must be paid to effective oversight of its implementation. A continuous process and outcome evaluation is necessary to identify needed mid-course corrections and changes to the strategies in order to stay on track toward achievement of the school readiness result.

To this end, the members of the LAP call for the establishment of a permanent committee of the Subcabinet that will promote, support, and hold accountable our statewide school readiness efforts. Through this body, monthly oversight of the implementation of this Action Agenda must take place, as well as routine review of WSS and other data to determine if the components of the Action Agenda are having the desired effects. Such an entity, associated with the Subcabinet, with the ability to convene and hold accountable the numerous State and local partners whose efforts contribute to the achievement of the school readiness result, will help us to "stay the course" and maintain the necessary focus on our school readiness agenda.

CONCLUSION

Maryland is at an important crossroads with respect to supporting its youngest citizens. Considerable efforts are already underway – through the implementation of the Maryland Model for School Readiness, the roll-out of Judy Centers, and the expansion of pre-school opportunities for four year-olds, to name a few – that should have a significant impact on the preparation of young children for kindergarten. We can maintain and support these efforts, with school readiness being yet another priority that the State seeks to achieve, even within its current difficult fiscal climate.

➤ *National studies estimate that for every $1 invested in early childhood programs, more than $7 is returned in terms of both costs avoided and revenues realized.*

Or...we can really "turn the curve" and truly organize ourselves to achieve school readiness for all Maryland's children. To do so means:

(1) making the difficult choice to fund school readiness efforts;
(2) demanding that our public agencies and non-profit and private early care and education providers act collaboratively and work differently to reach more families and children, and serve them better;
(3) acknowledging and supporting parents and caregivers in their roles as educators, while expecting more from them in effectively preparing their children for school;
(4) recognizing the potential and unique contributions made by all partners toward achieving school readiness and, therefore, identifying roles for all of them to play in our Action Agenda, and then holding them accountable for those contributions;
(5) adequately training and supporting those in the field of early care and education, so the best will come to and stay in the field, with the needed knowledge and tools to effectively nurture and educate our young children;
(6) acknowledging the negative contributions that parental substance abuse, low birthweight, childhood lead poisoning, and poor early mental health have directly on

school readiness, and, therefore, viewing our work to combat those problems as part of our Action Agenda; and,

(7) being willing to hold ourselves accountable for our collective work – to recognize where our interventions are not working, to change course, to learn from others – all toward accelerating our achievement of school readiness for all children in Maryland.

To shrink from the responsibility for preparing our children for school has enormous and costly consequences. Achievement of school readiness is, in fact, do-able; the Action Agenda described above makes that clear. The payoff from these efforts promises to be great, with fewer dollars needed for remediation; improved school performance and attendance; and, enhanced parental involvement and support. Most important, generations of children will have instilled in them an eagerness to learn that is sure to last a lifetime.

It is up to all of us to decide to do it.

FOOTNOTES

1 A detailed Cost of Bad Outcomes analysis is available in the Appendix 2.

2 A full report may be obtained by contacting the Maryland State Department of Education, 200 W. Baltimore Street, Baltimore, MD 21201 or by visiting its website at: www.msde.state.md.us.

3 The receipt of free and reduced price meals is a proxy indicator for income.

4 U.S. Census Bureau, Income 2000. Table E: Income of Households by State.

5 The 2002 Bridge to Excellence in Public Schools Act currently incorporates all children from economically disadvantaged backgrounds (i.e., eligible for free and reduced priced meals) as eligible for pre-kindergarten programs.

6 The National Educational Goals Panel was established by then President Bush in 1990 with state Governors.

7 Special Early Childhood Report: The National Educational Goals Panel. October, 1997.

8 Home Visiting: Recent Program Evaluations. The Future of Children. The David and Lucile Packard Foundation, 1999.

9 Promoting the Emotional Well-Being of Children and Families – Policy Paper #3: National Center for Children in Poverty, 2002.

10 Neurons to Neighborhoods: The Science of Early Childhood Development, National Research Council Institute of Medicine, 2000.

11 Head Start Bulletin, Issue No. 73 : Buffering the Effects of Maternal Depression, 2002.

12 Telling the Healthy Start Story: A Report on the Impact of the 22 Demonstration Projects, November 1998.

13 Early Learning, Later Success: The Abecedarian Study, 2000.

14 Head Start FACES: Longitudinal Findings on Program Performance. US Department of Health and Human Services, 2001.

15 Building Their Futures: How Early Head Start Programs Are Enhancing the Lives of Infants and Toddlers in Low Income Families. US Department of Health and Human Services, 2001.

16 National Center for Early Development and Learning: Early Childhood Research & Policy Briefs Fact Sheet, 1997.

17 The 6 goals stem from the framework of the National Education Goals Panel.

18 The Work Sampling System is the assessment used in Maryland's publicly-funded pre-school and kindergarten programs to assess readiness for school.

19 Level of investment reflects needed funding and staffing, as denoted by "$" sign. A single "$" denotes a no-cost or low-cost strategy.

20 Degree of difficulty reflects the level to which stakeholders must interact, coordinate and work differently with one another to successfully implement the strategy, as denoted by the "Y" sign.

21 Timeframes provided are calendar years.

22 "ECE" refers to Early Care and Education and includes the full range of care, education and support of children 0-6, including child care, local Infants and Toddlers Programs, Early Head Start/Head Start, Family Support Centers, home visiting, early literacy, and health and mental health services.

APPENDIX 1

GLOSSARY OF TERMS

Accreditation A process by which early childhood programs improve their programs to meet state or national quality standards.

All children For purposes of this Action Agenda, "all" children refers to children birth through age five of all socioeconomic, ethnic and racial backgrounds, including those with disabilities, special needs, and diverse abilities.

Articulation Agreements A formal agreement between state agencies and institutions of higher education to accept certain numbers of state approved training hours that may be converted to college credits using specific eligibility and assessment protocols.

Associate of Arts Degree in Teaching (ATT) A newly established A.A. degree of which all credits articulate towards a B.A. degree in education.

At-Risk Children from economically disadvantaged backgrounds (i.e., eligible for free and reduced priced meals) are eligible for pre-kindergarten programs.

Bridge to Excellence in Public Schools Act Through approval of the Thornton Commission by the Maryland General Assembly in 2002, the Bridge to Excellence in Public Schools Act focuses on adequacy and equity, with the State's disadvantaged school systems receiving a greater share of the $1.3 billion in funding to be provided over the next 6 years.

Bridge to Excellence Master Plans As required by the Bridge to Excellence in Public Schools Act, local school systems must submit by October 2003 a five-year master plan to improve student achievement.

Child and Adult Care Food Program Funding and training available to child care facilities to provide nutritionally balanced, age-appropriate meals.

Child Care Development Fund Federal funding provided to States to improve the quality, accessibility, and availability of child care.

Child Care Resource and Referral Centers (CCRRC) An innovative public-private partnership, initiated in 1989 and administered by Maryland Committee for Children under a contract with the Maryland Department of Human Resources, CCRRCs provide leadership and services designed to improve the quality, availability, and affordability of child care in communities across the state. Each of Maryland's 24 jurisdictions has a CCRRC.

Commission on Fiscal Structure Established through statute by the 2002 General Assembly, the Commission was charged to look at how the State will adequately meet the future funding needs for education, health care, and transportation. The Commission will consider changes to Maryland's tax structure while maintaining equity, efficiency, and progression. The Commission will also look at inefficiencies in State government, services, and operations. An interim report to the legislature is expected in December, 2002 with a final report in September, 2003.

Covering Kids Campaign A public outreach project funded by the Robert Wood Johnson Foundation to enroll eligible uninsured children and adolescents in Maryland's Children's Health Insurance Program.

Credentialing The process of validating education and experience in the area of early childhood/elementary education and the issuance of a certificate to recognize the level of achievement.

Early and Periodic Screening, Diagnosis, and Treatment A Medicaid benefit designed to improve primary health benefits for children with an emphasis on preventive care providing regular and periodic exams for all eligible children under the age of 21.

Early Care and Education (ECE) For purposes of this report, ECE includes a full range of care, education and support of children 0-6, including child care, local Infants and Toddlers Programs, Early Head Start/Head Start, Family Support Centers, home visiting, early literacy, and health and mental health services.

Early Head Start A federal program to promote healthy family functioning that provides high quality child and family development services to low-income pregnant women and infants and toddlers, birth to age three.

Even Start Family Literacy Program A federally funded, state administered program designed to help break the cycle of poverty and illiteracy by improving the educational opportunities of the nation's low-income families by integrating early childhood education, adult literacy or adult basic education, and parenting education into a unified family literacy program.

Family Support Centers Community-based programs that provide free services to parents with young children birth to 47 months to help them raise healthy children and build productive futures. Friends of the Family, Inc. is the intermediary for

a host of public and private funders who have invested in the Maryland network of 31 Centers. FOF provides funding, training, technical assistance, monitoring and quality assurance to the network.

Food Stamps A federally supported program enabling low-income families to buy nutritious food with coupons and Electronic Benefits Transfer (EBT) cards. Food stamp recipients spend their benefits to buy eligible food in authorized retail food stores.

Free and Reduced Priced Meals (FARM) The application and eligibility component of the National School Lunch Program (NSLP), a federally assisted meal program operating in public and nonprofit private schools and residential child care institutions. It provides nutritionally balanced, low-cost or free lunches to children each school day. Eligibility for FARM is sometimes used as a proxy indicator for poverty.

Head Start A federal program for low-income preschool children and families, including children with disabilities, that provides comprehensive services. Services include early childhood education, child health and development, nutrition, and family support.

Healthy Families America (HFA) A national prenatal and early childhood home visiting initiative under Prevent Child Abuse America. Based on 20 years of research-based best practices, HFA tailors services to meet the unique needs of families while promoting positive parent-child interactions. Major components of HFA include structured required training and an intensive national credentialing process to assure quality and model fidelity.

Healthy Start Funded by the Maternal and Child Health Bureau of the federal Department of Health and Human Services, the federal Healthy Start Program provides community-based, culturally competent, family-centered, and comprehensive perinatal health services to women, infants, and their families in communities with very high rates of infant mortality, low birthweight and racial disparities in perinatal outcomes. Healthy Start began in 1991 as a demonstration program in fifteen communities throughout the country with the goal of reducing their infant mortality rates by 50% over the 6-year demonstration period; there are now over 90 federally supported Healthy Start projects around the country.

Home Instruction Program for Preschool Youngsters (HIPPY) A home visiting/school readiness strategy that recognizes parents as their child's first and most important teacher. HIPPY helps parents work with their three, four and five-year old children at home. Supported by easy-to-use activity packets, home visits, and group meetings, parents learn how to prepare their children for success in school and beyond.

Home Visiting A strategy for primary service delivery utilizing professionals, paraprofessionals or volunteers to offer support to children and their families primarily in their homes. They seek to promote child development, child health, and family well-being and connect families to their communities, thereby enabling them to access needed resources and services.

Hoyer Blue Ribbon Commission Established through a legislative mandate, the Commission was charged with developing recommendations for long-term financing of early care and education programs.

Joint Committee for Children, Youth and Families A 20 member committee, formed by statute in the 1999 General Assembly to integrate the focus on issues affecting the well-being of children, youth and families. It is charged with facilitating the work of existing committees as they deliberate on children/family issues, utilizing a results-oriented focus to improve key indicators of child well-being, recommending statutory, budgetary and regulatory remedies, and investigating problems that hinder improvement in key indicators of well-being. Children Entering School Ready to Learn is the result area the committee has studied since its inception.

Judith P. Hoyer Early Child Care and Education Centers (Judy Centers) Partnerships between local school systems, local agencies, and community-based organizations for the purpose of improving young children's school readiness. Judy Center services include quality early childhood education, health, and family support services.

Leadership in Action Program A leadership development program that was created as a partnership of the Annie E. Casey Foundation, the Subcabinet for Children, Youth and Families, and the Council for Excellence in Government Program. The purposes of the program were (1) to accelerate the rate at which children enter school ready to learn in Maryland; and, (2) to increase the leadership capacity of those leaders in Maryland accountable for that result.

Local Management Boards Established throughout the State of Maryland, Local Management Boards (LMBs) serve as the conduit for collaboration and coordination of child and family services. With local child-serving agencies, local child providers, clients of services, and other community representatives on board,

LMBs are empowering local stakeholders in addressing the needs of and setting priorities for their communities. The authority for LMBs originates in Article 49D/Annotated Code of Maryland requiring each local jurisdiction to create an LMB and receive funding from the Subcabinet for Children, Youth, and Families.

Maryland Child Care and Dependent Tax Credit A tax credit available to Maryland taxpayers who pay for child or dependent care. Taxpayers are able to claim two tax breaks – a state tax credit equal to up to 32.5% of the federal tax credit for child and dependent care, and a subtraction benefit that allows taxpayers to deduct actual care expenses, up to the federal maximum amounts.

Maryland Child Care Credentialing Program A system of recognition, awards, and incentives for child care providers that acknowledges levels of education, experience, and professional activity in the area of early care and education.

Maryland Child Care Provider Scholarship Program Funding made available through the Maryland Higher Education Commission to individuals to pursue degrees in early childhood education at Maryland colleges or universities.

Maryland Children's Health Plan (MCHP) A federal and state funded health insurance program designed to provide full health benefits for children up to age 19, and pregnant women of any age who meet the income guidelines.

Maryland Infants and Toddlers Program A statewide interagency early intervention system for children from birth to age three with disabilities and their families. Services to enhance the development of infants and toddlers with special needs and to support their families are provided through local Infants and Toddlers Programs in every Maryland jurisdiction.

Maryland Model for School Readiness (MMSR) A statewide school readiness framework that includes "readiness" outcomes and indicators and an assessment component to inform instruction and support of young children's readiness for school. The MMSR includes ongoing staff development and research-based best practices in early pedagogy and provides an annual statewide evaluation of what entering kindergartners know and are able to do.

Maryland Partnership for Children, Youth and Families The primary charge of the Partnership, created by Executive Order in 1998, is to advise the Governor on issues facing our State's children and families. Chaired by Lt. Governor Kathleen Kennedy Townsend, the Maryland Partnership's mission is to be the voice for Maryland's families by promoting a stable, safe, and healthy environment. The Maryland Partnership publishes the "Maryland's Results for Child Well-Being" on an annual basis.

Maryland State Department of Education (MSDE) Family Focus Council A council established by the State Superintendent Nancy S. Grasmick to advise her on, advocate for, and help develop programs and policies that encourage effective home-school partnerships. Council membership consists of faith-based, university, and community organizations, the Maryland PTA, local school representatives and local business leaders.

Maternal and Child Health Block Grant A federal formula grant to states for the purpose of creating federal/state partnerships to develop service systems to meet critical challenges in maternal and child health.

Medicaid A jointly funded, federal-state health insurance program for individuals including children, the aged, blind, and/or disabled, and people who are eligible to receive federally assisted income maintenance payments.

National Education Goals Panel A unique bipartisan and intergovernmental body of federal and state officials created in July 1990 to assess and report state and national progress toward achieving the National Education Goals. Ensuring that all children enter school ready to learn was the first of the panel's eight goals.

National Governor's Association (NGA) – Maryland Team Through a grant from the National Governor's Association, a team of State agency representatives, legislators, representatives from the early care and education community, local management boards, the business community, and advocates are developing a process for building public and political will to improve financing and delivery of early care and education services. Planning is underway for a public engagement campaign that will be directed by a public/private Early Childhood Public Engagement Management Board.

Parents as Teachers (PAT) Program An international early childhood parent education and family support program serving families throughout pregnancy until their child enters kindergarten, usually age 5. The program is designed to enhance child development and school achievement through parent education accessible to all families. It is a universal access model.

Purchase of Care (POC) A federal and state funded child care subsidy program to help pay for child care costs.

Reach out and Read (ROR) A pediatric literacy program developed at the Boston Medical Center, now implemented throughout the country. The three components of ROR are: (1) pediatricians provide anticipatory guidance to parents, as part of well-child visits, about the importance of reading to their children from birth; (2) an age appropriate new book is given to each pediatric patient as part of the well-child visit; and (3) volunteers read to children in the clinic or office waiting area to model for parents techniques for engaging children in reading.

Subcabinet for Children, Youth and Families Promotes interagency collaboration and increased partnership opportunities across the State. The Subcabinet provides leadership and policy direction and is comprised of the Secretaries of the Departments of Budget and Management, Health and Mental Hygiene, Human Resources, Juvenile Justice; the State Superintendent of Schools; the Special Secretary for Children, Youth, and Families; the Director of the Office for Individuals with Disabilities; and representatives from other State agencies as designated by the Governor.

Women, Infants and Children's (WIC) Program A federally funded program, formally known as the Special Supplemental Nutrition Program for Women, Infants and Children, that provides healthy supplemental foods and nutrition counseling for pregnant women, new mothers, infants and children under age five.

Work Sampling System (WSS) A State-adopted early childhood assessment system as part of the Maryland Model for School Readiness that supports young children's skills in seven domains of learning, including social/personal; language/literacy; mathematical and scientific thinking; social studies; the arts; and, physical/motor development.

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APPENDIX 2

SCHOOL READINESS
COST OF BAD OUTCOMES ANALYSIS

A Cost of Bad Outcomes Analysis asks the question: What would happen if we did nothing more to improve school readiness? It is an effort to quantify, in economic terms, the cost to governments and society for the children of Maryland who enter school unprepared to succeed. It is widely agreed that children who enter school unprepared to succeed will not achieve their potential during their years of education and, in fact, such children may not graduate. It is also widely agreed that school failure is a key contributor to bad outcomes in adulthood. Our analysis, therefore, is looking at social costs into adulthood.

The process of developing a cost of bad outcomes analysis involves reviewing the budgets and expenditures of a variety of governmental agencies, mostly at the state level and some at the local level. Federal dollars are generally captured in state budgets. The review is to determine which categories of costs to governments represent the costs of remediating problems being experienced by citizens of various ages. For example, large amounts of money are spent to educate children. The vast majority of these funds go to regular education. But a significant amount of money is spent on special education. Special education represents a bad outcome for youth and the costs of providing special education services represent the cost of a bad outcome and are included in our project of identifying such costs. Another example is the juvenile justice system. The need for a juvenile justice agency springs from a bad outcome, criminal behavior on the part of youth. All of the budget for juvenile justice is, therefore, a cost of a bad outcome. Such an analysis is done for all relevant state and local agencies.

A Cost of Bad Outcomes Analysis may also attempt to include, in addition to remediation costs, the value of the lost contribution to society of a failed life. This can be conceived both in terms of lost potential tax revenue from a non-productive citizen and in terms of potentially lost productive value of the individual's employment experience over life. The analysis done for this project, an intentionally conservative one, does not attempt to quantify these unrealized social benefits. The case will thus be intentionally understated.

While it would be advantageous for an analysis like this one to be able to causally attribute costs of bad outcomes to a specific life experience, this is impossible due to the intricate multi-causality of issues that becomes a major complication. For example, it is impossible to say how much of the behavior of an adult who is incarcerated can be related to school failure and, by extension, to entering school unprepared to learn. But, while this may not be quantifiable for one individual, or even in aggregate, experience as well as intuition point to a link. Lack of preparation for school contributes to school failure that contributes to poor employment experiences that provide motivation for criminal activity as a source of income. Thus, on a statewide scale, it becomes reasonable to connect at least a portion of this bad outcome to a lack of school readiness, which means that improving school readiness would result in at least some bad outcome cost savings.

Before moving into the actual Maryland Cost of Bad Outcomes data, it is important to make clear some of the assumptions that directed the analysis. First, as mentioned above, this analysis is intentionally conservative. This work, and the uses to which it is put, are controversial. It is crucial that the decisions made be defensible. Therefore, the analysis erred on the side of not including costs that were not clearly related to childhood events and experience. So, for adult corrections, only 50% of the costs were included, recognizing that much of the causative behavior was more directly related to adult experience rather than to the early years of life. On the mental health side, only 50% of costs were again included, recognizing the significant relation of many mental illnesses to an organic, often inherited, etiology. Other line items were similarly discounted.

It is also important to recognize that not all bad outcomes are preventable. Accidents can be reduced but not eliminated. Thus, there will be people who cannot be productive citizens and who need expensive care as the result of accidents. In a free, capitalistic society, some citizens will always want more than their capabilities permit them to earn. Some will turn to criminal activity with its associated costs. But, as will be clear once the data is presented, the costs of bad outcomes to society are so huge that even a small impact on a bad outcome like poor school readiness can save society large amounts of money.

Finally, unavoidably imbedded in the cost of bad outcomes numbers are costs better attributed to the prevention category. While pure prevention programs were excluded by the analysis, remedial budgets may include activities that are really trying to prevent future problems. The breakout between prevention and remediation is always difficult.

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COST OF BAD OUTCOMES ANALYSIS - BUDGET DETAIL

			Dollars in Millions
HEALTH $1,594.2 million	Medicaid @25% for Family & Children (% from Medicaid Sourcebook)	2002 Appropriation	727.5
	Developmental Disabilities Administration @80%	2002 Appropriation	379.2
	Mental Hygiene Administration @50%	2002 Appropriation	327.7
	Alcohol & Drug Abuse Administration	2002 Appropriation	117.0
	Rehabilitation Services @50%	2002 Appropriation	42.0
	Governor's Council on Adolescent Pregnancy	2002 Allocation	1.0
EDUCATION $759.5 million	Special Education	2002 Allocation	355.0
	Compensatory Education	2001 Actual	231.0
	Educationally Deprived Children	2001 Actual	110.0
	Academic Intervention	2002 Allocation	19.5
	Kindergarten Improvement	2002 Allocation	19.0
	At Risk Youth Program	2002 Appropriation	15.2
	Dropout Prevention	2002 Allocation	9.8
CORRECTIONS $638.6 million	Adult Corrections @50%	2002 Appropriation	451.0
	Department of Juvenile Justice	2002 Appropriation	182.6
	Disruptive Youth Program	2002 Allocation	3.0
	Disruptive Youth Program	2002 Appropriation	2.0
INCOME SUPPORT $443.3 million	Food Stamps @80%	2001 Actual	152.5
	Local Family Investment Program	2002 Appropriation	128.0
	TANF	2001 Actual	116.0
	WIC Program	2001 Actual	34.8
	Emergency Assistance to Families & Children	2001 Actual	7.0
	Community Services Shelter & Nutrition @50%	2002 Appropriation	5.0
CHILD WELFARE $408.7 million	Foster Care	2002 Appropriation	227.0
	Child Welfare Services	2002 Appropriation	145.0
	Social Services Administration @75%	2002 Appropriation	22.0
	Community Services Victim Services	2002 Appropriation	14.7

TOTAL $3,844,300,000

SOURCES

Budget of the State of Maryland-Fiscal Year 2003 Operating Budget Detail

Children Entering School Ready to Learn-Fiscal 2002 Budget Overview, Maryland Department of Legislative Services, February, 2001.

1993 Medicaid Sourcebook, U.S. Department of Health & Human Services, p. 155.

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